



## Flomax (Tamsulosin) and Rapaflo (Silodosin) Step Therapy/Prior Authorization Criteria for Alpha Blockers for Benign Prostatic Hypertrophy

### Background

Alpha blockers for benign prostatic hypertrophy (BPH) include two non-selective agents (doxazosin and terazosin) and three uroselective agents (Uroxatral, Flomax and Rapaflo). Doxazosin, terazosin, and Uroxatral are on the Uniform Formulary. Flomax and Rapaflo are non-formulary.

DoD's preferred agent for patients who require an uroselective alpha blocker is Uroxatral, which is similar to Flomax and Rapaflo in clinical effectiveness and more cost effective than Flomax and Rapaflo for both DoD and for beneficiaries.

In order to promote use of Uroxatral for those patients who require an uroselective alpha blocker, step therapy/prior authorization requirements apply to Flomax and Rapaflo. TRICARE coverage for Flomax and Rapaflo depends on whether you meet step therapy/prior authorization criteria.

### What is Step Therapy?

Step therapy involves prescribing a safe, cost effective medication as the first step in treating a medical condition. The preferred medication is often a generic medication that offers the best overall value in terms of safety, effectiveness, and cost. Non-preferred drugs are only prescribed if the preferred medication is ineffective or poorly tolerated.

Flomax and Rapaflo will only be approved for first time users after they have tried Uroxatral. Beneficiaries who filled a prescription for either Uroxatral, Flomax or Rapaflo during the last 180 days will not be affected by step therapy requirements and won't have to switch medications.

### Patients receiving Uroxatral

You will be able to continue to receive Uroxatral at the same \$9 cost share. Doxazosin and terazosin are also available at a \$3 generic cost share.

### Patients currently receiving Flomax or Rapaflo

If you have filled a prescription for Flomax or Rapaflo through your TRICARE benefit during the previous 180 days, you will be able to continue to receive Flomax or Rapaflo at a \$22 non-formulary (Tier 3) cost share.

### Cost shares for patients currently receiving Flomax or Rapaflo

	Retail network pharmacy (up to a 30-day supply)	Mail order pharmacy (up to a 90-day supply)	Military Treatment Facility
Generic doxazosin or terazosin	\$3	\$3	\$0
Uroxatral	\$9	\$9	\$0
Flomax or Rapaflo	\$22	\$22	Non-formulary

### Patients starting treatment with Flomax or Rapaflo

You must have tried Uroxatral in the previous 180 days in order for TRICARE to cover a prescription for Flomax or Rapaflo, unless you meet prior authorization criteria.

### Cost shares for patients starting treatment with Flomax or Rapaflo

	Retail network pharmacy (up to a 30-day supply)	Mail order pharmacy (up to a 90-day supply)	Military Treatment Facility
Generic doxazosin or terazosin	\$3	\$3	\$0
Uroxatral	\$9	\$9	\$0
Flomax or Rapaflo	Must try Uroxatral <sup>1</sup>		
1. Or meet prior authorization criteria (see below)			

### Prior Authorization Criteria

The following criteria were established by the DoD P&T Committee at their November 2007 meeting. The prior authorization form for these medications is available on the [TRICARE Pharmacy Prior Authorization page](#). The effective date is 16 Apr 2008 (updated Dec 2009 for Rapaflo).

#### Step Therapy / Prior Authorization Criteria for Flomax and Rapaflo

TRICARE will NOT cover Flomax or Rapaflo for new patients—defined as patients who have not filled at least one prescription for an uroselective alpha blocker (Uroxatral, Flomax or Rapaflo) in the previous 180 days at any DoD Pharmacy point of service— UNLESS the patient meets one of the following criteria:

1. The patient has tried Uroxatral and had an inadequate response.
2. The patient has tried Uroxatral and was unable to tolerate it due to adverse effects.
3. Treatment with Uroxatral is contraindicated (e.g., hypersensitivity; moderate to severe hepatic insufficiency).
4. The patient has swallowing difficulties and requires an alpha blocker that can be crushed.

*Criteria approved through the Uniform Formulary decision-making process (13 Feb 2008 and 21 Oct 2009).*

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